

A System for Archiving Client Artwork in Graduate Art Therapy Education

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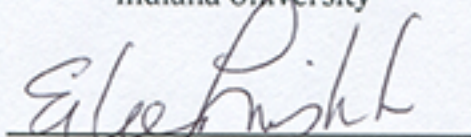
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A System for Archiving Client Artwork in Graduate Art Therapy Education

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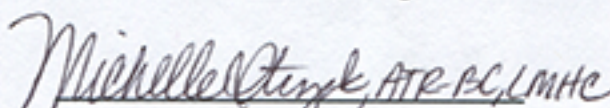
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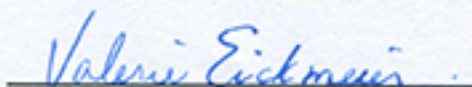


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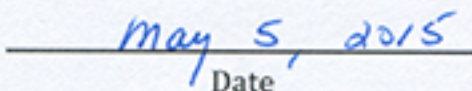


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ABSTRACT

An art therapy archive of client artwork can function as a diverse resource for student learning, research, and the expansion of art therapy as a mental health profession. There is little research regarding implications for archiving client artwork in graduate art therapy education and research. The overall purpose of this study was to develop a system for archiving client artwork for the graduate art therapy program at Herron School of Art & Design, Indiana University-Purdue University Indianapolis (IUPUI) in Indianapolis, IN. The proposed archival system was developed through the examination of traditional archival literature and the administration of an online survey to graduate program directors of art therapy programs approved by the American Art Therapy Association (AATA).

The goal of the mixed-methods survey was to collect data regarding the use, format, storage, and description of client artwork within graduate art therapy programs. Thirteen of 35 participants responded to the survey. All 13 participants indicated that their respective art therapy programs utilized client artwork for various reasons, but client artwork was not retained at the program level. A digital image of client artwork was the format most used/preferred and was identified as the format that best represents original client artwork. A digital archival system was developed from the literature review and online survey results. Box at Indiana University (Box at IU) was determined to be the most ethical and efficient online storage system for Herron's client artwork archive, which included four levels of archival arrangement.

Dedication

I would like to dedicate this thesis to the graduate art therapy program of Herron School of Art & Design to be utilized as a foundational system for archiving client artwork. I would also like to dedicate this thesis to the Veterans who donated their artwork so that others could see the benefits of art therapy.

Acknowledgments

I would like to thank my thesis advisor, Eileen Misluk, for her time, compassion, and patience in helping me develop this system. I would like to thank my program director and thesis committee member, Juliet King, for her passion for art therapy and extensive knowledge in research. I would also like to thank my additional thesis committee member, Michelle Itczak, for her time and continued interest in this topic. Lastly, I would like to thank my classmates for their support and for challenging me to do my best work.

TABLE OF CONTENTS

ABSTRACT	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
CHAPTER I. INTRODUCTION	1
A. Definitions	4
CHAPTER II. LITERATURE REVIEW	6
A. International Art Therapy Research Database	6
B. Storing Client Artwork	7
C. Archival Arrangement	7
D. Archival Description	10
E. Ethics of Retaining Client Artwork in Art Therapy	11
CHAPTER III. METHODS	14
A. Study Design	14
B. Location and Time	14
C. Participants	14
D. Recruitment	15
E. Instruments and Procedure	15
F. Data Analysis	17
G. Possible Risks/Discomfort to Participants	17

CHAPTER IV. RESULTS	18
A. Online Survey	18
CHAPTER V. DISCUSSION	21
A. Retention of Client Artwork at the Program Level	21
B. Digital Formats	21
C. Archival Descriptions of Client Artwork	22
D. Limitations of the Study	23
CHAPTER VI. RECOMMENDATIONS	25
A. Proposed Archival System	25
B. Recommendations for Implementation	29
C. Implications for Future Research	33
CHAPTER VII. REFERENCES	34
APPENDIX A. RECRUITMENT EMAIL	37
APPENDIX B. PRINT FORM OF ONLINE SURVEY	39
APPENDIX C. REMINDER EMAIL	42
APPENDIX D. SURVEY RESULTS	44
APPENDIX E. INFORMED CONSENT FOR CLIENT ARTWORK	55

LIST OF TABLES

Table D1: Q1: <i>What is your age?</i>	44
Table D2: Q2: <i>Are you male or female?</i>	44
Table D3: Q3: <i>Are you White, Black or African American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, or some other race?</i>	45
Table D4: Q4: <i>What is the highest level of education you have completed?</i>	45
Table D5: Q5: <i>What is your current registration?</i>	45
Table D6: Q6: <i>Do faculty members within your program utilize client/case study artwork for educational purposes? If yes, please specify how client artwork is utilized for educational purposes within your program. If no, please specify why client artwork is not utilized within your program and do not respond to questions 7-12.</i>	46
Table D7: Q7: <i>What is the professional title of the individual(s) who oversee the storage and documentation of client artwork within the program?</i>	48
Table D8: <i>What is the format of client artwork used within the program? (Check all that apply)</i>	49
Table D9: Q9: <i>In your opinion, which of the following formats best represents original client artwork?</i>	50
Table D10: Q10: <i>What is your preferred format when using client artwork for educational purposes?</i>	51

Table D11: <i>Q11: Please indicate what essential information about the artwork should be included in its description. List your answers in order from most essential (1) to least essential (5). Q12: Please indicate what essential information about the client should be included in the description of the client's artwork. Please list your answers in order from most essential (1) to least essential (5)</i>	52
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LIST OF FIGURES

Figure 1: <i>Levels of Archival Arrangement & Description (Proctor & Cook, 2000)</i>	9
Figure 2: <i>Levels of Archival Arrangement for Client Artwork</i>	9
Figure 3: <i>Classification Levels of Institutional Data (Trustees at Indiana University, 2014)</i>	26
Figure 4: <i>Partial Example of the Proposed Digital Archival System for Herron Art Therapy</i>	31
Figure 5: <i>Example of Box Note at Level 4</i>	32

CHAPTER I

INTRODUCTION

Archiving valuable information is a historical practice that has informed the field of art therapy as a mental health profession since its infancy. Although art therapy was first established in the United States in the 1940's, the collection and documentation of patient artwork in psychiatric settings far preceded the birth of art therapy (Rubin, 2010). Wonder and fascination of artwork created by the mentally ill surfaced in the late 19th and early 20th centuries among psychiatrists in Europe (Rubin, 2010). In 1922, Viennese art historian and psychiatrist, Hanz Prinzhorn published one of the earliest and most expansive collections of artwork created by mentally ill patients (Rubin, 2010). According to Busine, Brand-Claussen, Douglas & Jadi (1998), the Prinzhorn Collection included approximately 5,000 pieces of artwork created by psychiatric patients over a period of 40 years. The extraordinary artworks provided graphic insight into the experience of the mentally ill through complex compositions, remarkable color palates, and accounts of undeniable honesty. The public, professionals, and artists alike marveled at the pioneering notion that artwork could reveal the inner-workings of self. "The questions which the works prompt- about the nature of individual self-expression, about intention and authenticity, about the boundaries between artistic creativity and mental disturbance, and about definitions of art itself- are ones which remain live to this day" (Busine et al., 1998, p. 5).

This innate connection between art and the psyche can be understood through artwork by renowned artists and by individuals without artistic training (Naumburg, 1987). Artwork functions as an external projection of unconscious conflict (Naumburg, 1987) and provides the art therapist with an honest framework in which to build the therapeutic

relationship. In addition, artwork functions as a tangible testament to the therapeutic process. With this understanding, graduate level art therapy programs use client artwork as a teaching tool to educate students. An expansive and readily accessible archive of client artwork can function as a beneficial resource in graduate art therapy education and research. According to Alders, Beck, Allen & Mosinski (2011), “there are also cost advantages in cataloguing, storing, and disseminating digital works produced from therapy. The profession could develop a repository of artwork that ultimately would contribute to an essential body of overarching knowledge from art therapy quantitative research” (p. 169). This further supports the understanding that, “through archival support of teaching and research, the institution is aided in accomplishing its basic mission of communicating and expanding knowledge” (Maher, 1992, p. 10).

While several sources acknowledge the ethical considerations of confidentiality, ownership, and documentation of client artwork (AATA 2013, 2014; Alders et al., 2011; Moon, 2009), there is little research that illuminates specific strategies for archiving client artwork in graduate art therapy education; in addition, there are few art therapy databases available for professionals to reference. Archival systems are needed to ensure efficient long-term storage of client artwork; in addition, client artwork must be documented and stored in a manner that ensures the confidentiality of the art therapy client is maintained (AATA, 2013). An ethical and efficient archival system for art therapy graduate programs would protect the confidentiality of the client in the documentation process, allow for the storage of client artwork in the most efficient manner, and provide a readily accessible source for expansion of knowledge in art therapy education and research.

The overall purpose of this study was to develop a system for archiving client artwork for the graduate art therapy program at Herron School of Art & Design, Indiana University-Purdue University Indianapolis (IUPUI) in Indianapolis, IN. Under the direction of Juliet King, MA, ATR-BC, LPC, the program is currently in its third year of operation. Client artwork is retained by Herron's art therapy program for educational purposes within the program and to support the efficacy of art therapy through scientific research. The hypothesis in this study indicated that a proposed archival system for Herron's graduate art therapy program could be formulated by examining traditional archival literature and by administering an archival strategy survey to graduate program directors in AATA approved art therapy programs. The proposed archival system for Herron's art therapy program may serve as a foundational system for future art therapy archives in graduate art therapy programs.

Definitions

American Art Therapy Association (AATA): The professional organization that governs the standards of professional competence in art therapy (AATA, 2014a).

Archive: (a) “The noncurrent records of an organization or institution retained for their continuing value” (Maher, 1992, p. 5); (b) A term to indicate the digital or physical “unit of any archival accumulation which has to be considered separately for management or descriptive action” (Proctor & Cook, 2000, p. 246-247).

Art therapy: “A mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem” (AATA, 2013a, p. 1).

Box at Indiana University (Box at IU): Box at IU (powered by Box) “is a no-cost cloud storage and collaboration environment available to students, faculty, and staff” (Trustees at Indiana University, 2014).

Box note: an online document that can be saved and concurrently edited directly from Box at IU (Trustees at Indiana University, 2014).

Cloud storage: Cloud storage is a service model in which data is maintained, managed and backed up remotely and made available to users over a network (typically the Internet) (Rouse, n.d.).

Education Program Approval Board (EPAB): “The Educational Program Approval Board (EPAB) of the American Art Therapy Association grants initial and continuing

education program approval and monitors compliance of each approved program against the Educational Standards” (AATA, 2014).

Ethical Principles for Art Therapists: A document that defines the code of ethics utilized by art therapists that can be viewed on the official AATA website (AATA, 2013).

Format: “The physical appearance, technical character, or size of materials” (Proctor & Cook, 2000, p. 251).

Levels of Arrangement: “The hierarchal subgroupings of archival holdings for purposes of physical and intellectual control” (Proctor & Cook, 2000, p. 253).

Reference code: “The unique symbols, usually alphanumeric, which identify an archival entity and which facilitate storage and retrieval” (Proctor & Cook, 2000, p. 254).

CHAPTER II

LITERATURE REVIEW

After an extensive literature search, there appears to be one database of client artwork specific to art therapy, which is currently under development. Art therapy professionals from George Washington University created The International Art Therapy Research Database (IATRD) as a means of informing art therapy practice and facilitation of research. Betts (2014), the IATRD director stated, “the IATRD is intended to provide a resource of artwork done by members of particular social, national and/or diagnostic groups, with comments from artists/clients and art therapists, supplemented with de-identified demographic and diagnostic data” (p. 1). The database is anticipated to include artwork from the following three categories: art therapy assessment, standardized art therapy techniques, and non-standardized artwork. Subscriptions to access the IATRD will be made available to art therapy students, graduate programs, and other professionals to further education and research (Betts, 2014). In order to create a strong foundation for the proposed archival system, several additional sources were reviewed.

Professional archival literature was utilized to understand the levels of arrangement of traditional archives, and components of the Prinzhorn Collection were examined as points of reference for the development of the proposed archival system in this study. Challenges regarding the retention and description of client artwork were discussed in addition to the ethical guidelines for storing client artwork. Results were incorporated in the design of the mixed-methods survey, which provided additional data for the proposed archival system.

Storing Client Artwork

Unique challenges exist in the retention of original client artwork, specifically the challenges of long-term storage, preservation of client created art, and the ethical and legal guidelines that govern the consent, use, and storage of artwork. After issuing a survey to art therapists, Peterson, Stovall, and Elkins (2005) concluded that traditional cabinet storage was the most common form of client artwork storage, followed by slides, digital pictures, and 35mm film. Traditional cabinet storage would indicate that original client artwork was the most common format of artwork being stored at that time. Traditional cabinet storage is not ideal for long-term storage due to limited availability of space and the continued care of the client artwork to ensure its preservation. “Digital file storage of art therapy products occupies less space” (Alders et al., 2011, p. 168). However, digital storage is also limited because it lacks the sensory qualities of the original artwork. Both types of storage require a system for retrieval and an understanding of the organizational structure of these collections.

Archival Arrangement

Traditional archives are organized through hierarchal levels of arrangement (Carmicheal, 2004; Proctor & Cook, 2000). The highest level of arrangement encompasses the entire archive as a whole and is further organized into subordinate levels of arrangement. Each level of arrangement governs the level below it. The size and complexity of the archive determines how many levels of arrangement are required (Carmicheal, 2004; Proctor & Cook, 2000). “Large and complex archival accumulations will tend to require description at four or more levels,” while “small and simple archival entities will normally need description at two or more levels” (Proctor & Cook, 2000, p. 21).

Many sources utilize interchangeable terms for each level or arrangement. Figure 1 illustrates the levels of archival arrangement according to Proctor and Cook (2000). Level 0 includes the entire archive, while Levels 1, 2, and 3 categorize the content within the archive by common relationships or characteristics. Level 4 represents the individual items within the archive, and Level 5 acknowledges individual pieces that belong to specific items (Proctor & Cook, 2000).

Figure 2 shows how the levels of archival arrangement by Proctor and Cook (2000) can be applied to an archive of client artwork. The repository level would represent the entire collection of artwork within the archive. The collection of artwork would further be categorized into subordinate groups and/or series according to the artist, the format, or the content of the work. The artwork itself would be included on the item level. If the individual artwork included multiple parts, such as a painting with multiple panels, the individual panels would be included on the piece level.

Figure 1

Levels of Archival Arrangement & Description (Proctor & Cook, 2000)

Level 0: Repository	Collection
Level 1: Management group	
Level 2: Group	
Level 2.5: Subgroup	
Level 3: Series	
Level 4: Item	Individual documents or objects within the collection
Level 5: Piece	Parts belonging to individual documents or objects

Figure 2

Levels of Archival Arrangement for Client Artwork

Level 0: Repository	Collection of client artwork
Level 1: Management group	
Level 2: Group	Cohorts of artwork sharing similar characteristics
Level 2.5: Subgroup	Cohorts of artwork sharing similar characteristics
Level 3: Series	Cohorts of artwork sharing similar characteristics
Level 4: Item	Individual client artwork
Level 5: Piece	Individual pieces belonging to individual client artwork

Archival Description

In traditional archives, archival descriptions are included on each level of arrangement to describe the contents of the archive (Carmicheal, 2004; Proctor & Cook, 2000). Archival descriptions are categorized as either *higher level descriptions* or *lower level descriptions*. *Higher level descriptions*, included on Levels 0-3, provide a general or overall description of the archive and gradually become more specific at each subordinate level. Lower level descriptions, Levels 4 and 5, include more detailed information regarding the contents of the archive (Proctor & Cook, 2000). In the context of an archive of client artwork, the highest level of description would be at the repository level and would provide a general description of the client artwork collection. Descriptions at the subordinate levels would define the common characteristics within each cohort of client artwork. The lowest level of description would be included at the item and pieces levels, which would include specific information about the individual client artwork.

The content of the archival descriptions varies upon the purpose of the archive and how it can best suit the needs of its users. Only essential information that is relevant to the overall purpose and content of the archive is included within the archival descriptions (Proctor & Cook, 2000). There is little research regarding what essential information should be included within the descriptions of an art therapy archive. The Prinzhorn Collection was referenced to develop an initial format of archival description for the proposed system in this study. *The Artistry of the Mentally Ill* by Prinzhorn (1972) provides grayscale and color images of patient artwork within the Prinzhorn Collection. Each photograph is accompanied by a description, which includes a case number, the title of the work, the artistic medium in which the work was made, and the size of the work. In

describing his own collection, Prinzhorn (1972) wrote, “The pictorial works with which this study is concerned and the problems they present are not measured according to their merits but instead are viewed psychologically” (p. 1). Similarly, client artwork in art therapy is not evaluated based on artistic skill, and therefore would not be described according to judgments of artistic value. Art therapists understand the formal artistic qualities within the client’s artwork as reflections of the client’s internal experience.

In order to avoid bias, archival descriptions “should accurately reflect the actual content, meaning or significance of the original they represent” (Proctor & Cook, 2000, p. 29). Descriptions of individual artworks also must be written in a way in which they are distinguished from descriptions of similar artworks (Vaknin, Stuckey & Lane, 2013). Describing client artwork from an objective stance can be difficult due to the subjective nature of artwork (Vaknin et al., 2013). The true context in which the artwork was made belongs to the client/artist, making descriptions challenging if such information is unavailable. Bias can be avoided by using tentative statements, such as ‘possibly’ or ‘appears to be’ when describing client artwork (Vaknin et al., 2013, p. 106). Bias can also be avoided by ensuring archival descriptions are arranged on the appropriate level; consistent in depth and length on each corresponding level of arrangement; and only include information that is relevant to the content and purpose of the archive (Proctor & Cook, 2000).

Ethics of Retaining Client Artwork in Art Therapy

Health Insurance Portability and Accountability Act (HIPPA) privacy policies are implemented by art therapists and other healthcare professionals to protect the personal healthcare information of their clients (Moon, 2006). According to ethical principles

established by AATA, “art therapists protect confidential information obtained from clients in/through artwork and/or in conversation while clients are in treatment or post treatment” (AATA, 2013, section 2.0). The following sections from *Ethical Principles for Art Therapists* (AATA, 2013) are applicable to archiving client artwork for educational purposes:

Art therapists obtain written and informed consent from clients or, when applicable, legal guardians in order to keep client artwork, copies, slides, or photographs of artwork for educational, research, or assessment purposes (section 4.2). Art therapists obtain written, informed consent from the clients or legal guardians (if applicable) before using clinical materials, and client artwork in any teaching, writing, and public presentations. Reasonable steps are taken to protect client identity and to disguise any part of the artwork or videotape that reveals client identity (section 4.5). Art therapists explain how client artwork will be stored while the client is receiving art therapy services and the duration of the retention for the actual artwork, photographs, or digital images (section 4.7).

As outlined above, all client artwork in any format must be accompanied with written and informed consent prior to being retained for any purpose, including educational and/or research. In many practice settings, the client’s artwork is considered to be a part of the client’s clinical record and must be retained for the amount of time required by state regulations (AATA, 2013, section 4.0). The format of the artwork’s description must ensure the confidentiality of the client’s identifying information in accordance with HIPPA privacy policies and AATA’s ethical principles. The development of a protocol that incorporates efficient storage with an accessible organizational system while maintaining the

confidentiality of our clients under the regulation of AATA and HIPAA will greatly increase educational experiences, research capacity, and professionalism within the fields of art therapy.

CHAPTER III

METHODS

Study Design

Results from the literature review were used to develop the mixed-methods survey in this study, which provided the necessary data to make Proctor and Cook's (2000) model more applicable to art therapy. The mixed-methods survey was conducted through the use of an online survey. This writer hypothesized that a proposed system for archiving client artwork could be formulated by examining current archival strategies implemented by graduate art therapy directors. The goal of the survey was to collect data from art therapy program directors regarding the use, format, and storage of client artwork in their respective graduate art therapy programs. Data collected from the survey informed the proposed protocol for archiving client artwork.

Location and Time

The study was conducted through Survey Monkey, an online survey system. A link to the survey was issued in January 2015. Participants had six weeks to complete the survey.

Participants

The study included 35 art therapy program directors of graduate art therapy programs that have been approved by the American Art Therapy Association (AATA) through the Education Program Approval Board (EPAB). Art therapy program directors are responsible for developing art therapy programming and curriculum that adheres to the educational standards of the EPAB (AATA, 2007). A required area of content in the educational standards is the "proper application of ethical and legal principles of art

therapy practice” (AATA, 2007, section 4), which is relevant to the safeguarding of client information while archiving artwork.

EPAB standards for art therapy program directors are as follows (AATA, 2007):

The directorship of the art therapy program must be a full-time position in the institution for degree programs and be held by professionally qualified art therapist(s): Registered and Board Certified Art Therapists (ATR-BC) or Registered Art Therapists (ATR) with licensure in a mental health related field (e. g., art therapy, counseling, social work, psychology) or Registered Art Therapists (ATR) with a doctorate in art therapy or related field (e.g., counseling, psychology, social work)(section 3).

Participants who were not art therapy program directors of AATA approved art therapy programs or did not adhere to the AATA standards for directorship would have been excluded from the study; however, no participants were excluded from the study.

Recruitment

Art therapy programs directors asked to participate in the study were selected from the list of AATA approved graduate degree programs provided by the American Art Therapy Association website (AATA, 2014). A request to participate in the study was sent via email to the art therapy program director (see Appendix A for the recruitment email).

Instrumentation and Procedure

The online survey, developed by this writer, was designed in Survey Monkey (see Appendix B for a print version of the online survey). The format of the 12-item questionnaire included both closed and open-ended questions. The first five items on the survey determined the background information of the participant, including age, gender,

origin of race, highest level of education, and art therapy credentials. This demographic information ensured that the survey responses were representative of the selected sample. In items 6-10, participants were asked to specify if and how client artwork is utilized within their specific program and identify the format(s) of the client artwork that is used. If alternative formats other than original client artwork were used, participants were asked to indicate which alternative format best represents the original artwork. Participants were asked to indicate their preferred format when using client artwork for educational purposes and specify the professional title of the individual(s) who is responsible for documenting and storing client artwork within the program. The final two items in the survey asked participants to identify what specific information about the client and the artwork should be included in the description of the artwork. Responses were ranked from most essential (1) to least essential (5).

The study was approved by the Institutional Review Board at Indiana University Purdue University of Indianapolis. Thirty-five surveys were distributed to eligible art therapy program directors. A web link to the survey was included in the recruitment email. All responses were recorded anonymously in a password protected survey system and were not tracked by the researcher. Participant's names, email addresses, and the IP addresses of devices used were not stored with responses. Participation in the study was voluntary and anonymous. An informed consent statement was issued within the initial recruitment email. Participants provided consent for their responses to be utilized in the study by choosing to complete the survey. Participants had six weeks to complete the survey. A reminder to complete the survey was sent via email during weeks two and four (see Appendix C for reminder email).

Data Analysis

Quantitative data collected from close-ended responses in the web-based survey was analyzed through built-in analysis software provided by Survey Monkey. Qualitative data collected through open-ended responses was analyzed by this writer. All results were displayed in tables developed by this writer.

Possible Risks/Discomforts to Participants

Loss of confidentiality was a possible risk to the participants; however, all responses were recorded anonymously. Responses could have indicated unethical practices of storing client artwork, such as storing artwork in a manner in which identifiable client information is not properly concealed or storing client artwork in a manner in which it can be easily accessed by others. It was not the goal of this study to pursue any unethical concerns that surfaced in the survey responses.

CHAPTER IV

RESULTS

Online Survey

Thirty-five art therapy program directors were asked to complete the Art Therapy Archival Strategy Survey. Thirteen participants (two males and 11 females) ranging in age from 40-60+ years completed the survey (see *Appendix D* for all survey responses). Eleven participants were White, and two participants indicated they were from multiple races. The Highest level of education completed by the participants was at the Doctoral level (seven participants) followed by Master's Level (six participants). All 13 participants indicated they were board certified art therapists.

All 13 participants indicated that faculty members within their programs utilize client/case study artwork for educational purposes. Eleven participants specified how client/case study artwork is utilized for educational purposes (see Table D6). Their responses were summarized in to the following common themes: (1) student supervision and professional development; (2) student case study presentations/papers; (3) thesis work or project undertakings; (4) teaching case conceptualization and treatment planning; (5) teaching aids; (6) student examinations. Program directors specified the professional title of the individual(s) who oversaw the storage and documentation of client artwork within their respective programs (see Table D7). Five of 13 participants indicated that client artwork was managed by faculty and/or clinical staff. Five participants specified that client artwork was not stored at the program level, and client artwork was overseen by the individual instructor/faculty who obtained the artwork. The three remaining responses were not applicable to the question.

Participants specified what formats of client artwork were utilized in their programs (see Table D8). Of the 13 respondents, 92.31% selected digital images of the original work, 53.85% selected original artwork, 46.15% selected scanned images of the original artwork, 46.15% selected slides of the original artwork. Other responses included video of the creation of the artwork, re-creations of client artwork, and additional responses that were duplicate answers or did not apply to the question. Digital images were found to be the format that best represents original client artwork (53.85%), followed by scanned images (23.08%) and slides (7.69%) of the original artwork. *Other* responses (61.54%) included duplicate answers or responses that were not applicable to the question (see Table D9). The most preferred formats of client artwork were reported as follows: digital images (84.62%), original artwork (46.15%), scanned images (15.38%), and slides (7.69%). *Other* responses (23.08%) specified that the preferred format of client artwork is dependent on the educational intention (see Table D10).

For questions 11 and 12, participants specified what essential information about the artwork and the art therapy client should be included within their respective descriptions (see Table D11). Participants listed their responses (up to five) from 1 (most essential) to 5 (least essential). Two participants did not complete question 11. Three of 11 participants identified media/materials as the most essential piece of information regarding the artwork. Other participants ranked the following as most essential: informed consent signed by the client; date the artwork was completed; report from the art therapist that was present; client verbalizations; title of the artwork; and the art therapy directive. Additional ranked responses for question 11 can be viewed in Table D11.

Three participants did not respond to question 12. Five of 10 participants ranked age as the most essential piece of information regarding the client. The remaining participants ranked the following as most essential: treatment setting; developmental history; and genogrammic information. Additional ranked responses for question 12 can be viewed in Table D11.

CHAPTER V

DISCUSSION

Retention of Client Artwork at the Program Level

The results of the Art Therapy Archival Strategy survey indicated that client artwork is an integral component of graduate art therapy education. All participants responded that their respective art therapy programs utilized client artwork for various reasons, including student professional development, student projects, and teaching aids. All participants specified or implied that client artwork utilized within their programs was not retained at the program level. The most common response for why client artwork was not retained at the program level was because instructors were responsible for overseeing their own collections of client artwork. Retention at the program level could decrease the responsibility of the individual instructor to oversee client artwork. A collaborative archive would provide a diverse collection of client artwork that could function as a universal and long-standing resource for education and research within the program.

Digital Formats

A digital image of client artwork was the format most used/preferred and was identified as the format that best represents original client artwork. These results suggest that a digital archive of client artwork may be a more appropriate method of retaining artwork rather than a physical archive of original client artwork. A digital archive would allow the client artwork to be retained and organized for easy retrieval. Client artwork can be categorized in a way in which it can be retrieved to accommodate the specific needs of the art therapy program. A digital archive would allow for password protection and administrative control over the client artwork, which would restrict access of the content

to the art therapy faculty and further safeguard client-sensitive information. In addition, digital storage is more efficient than traditional cabinet storage and can preserve the original client artwork for an infinite amount of time. A digital archive stored within cloud storage can be accessed from multiple devices at the same time. Lastly, digital formats are user friendly for electronic presentations and would eliminate the challenges of transporting physical client artwork.

Archival Descriptions of Client Artwork

Questions 11 and 12 on the online survey were designed to identify what essential information regarding the client and the artwork should be included within archival descriptions. For question 11, the majority of participants identified media/materials, size, title, context in which the work was made (directive), and client verbalizations as essential pieces of information regarding the artwork. Common responses for question 12 included age, gender, treatment setting, diagnostic profile, and biopsychosocial history. These common responses from questions 11 and 12 can be combined to form the basis for archival description in an art therapy archive. All of these components may not be available, depending on context in which the artwork was obtained for retention. One specific way to address lacking information in client artwork is to add “graphic indicators” as a management group heading in the arrangement of the art therapy archive. These graphic indicators would be identified through the subjective lens of the respective program; however, a list of graphic indicators found within the artwork could provide a means of categorizing artwork in the absence of a diagnostic profile or additional components (age, gender, biopsychosocial history, etc.).

Limitations of the Study

The generalizability of the study was limited to art therapy professionals, and the scope of the study was limited to the 35 AATA/EPAB approved art therapy program directors. A sample size of 20 to 50 participants is recommended when administering a survey to minor subgroups (Borg & Gall, 1989; Mertens, 2010); however, broadening the scope to include art therapy programs that were not AATA/EPAB approved could have allowed for more survey responses. A limitation of the study was the poor response rate of the survey. Only 13 of 35 participants completed the survey, indicating a 37% response rate. Additional efforts could have been made to ensure a better response rate, such as providing an incentive to complete the survey or providing additional information to emphasize the importance of the study.

The survey design was intended to be concise, non-biased, and provide opportunities for specific responses as a means of gauging professional insight into archival strategies. Based on the survey responses, several areas of the survey could have been revised. Question 3 regarding the ethnicity of the respondents could have been omitted for the purposes of this study. Question 3 could have been replaced with a closed-ended (yes or no) question to verify if the respondent was the graduate art therapy program director, which would have helped to ensure the validity of the survey responses.

Question 7 should have been re-formatted to avoid a biased implication that client artwork *is* stored at the program level. A close-ended (yes or no) question would have allowed participants to specify if client artwork is stored at the program level. If participants responded “yes,” they would have been asked to specify the professional title of the individual(s) who oversees the storage and documentation of client artwork within

the program. If participants responded “no,” they would have been asked to specify why client artwork was not retained at the program level.

Further clarification for questions 11 and 12 may have decreased irrelevant responses and/or duplicate responses. Emphasis on the words *artwork* and *client* through bold or italics may have helped distinguish the responses. Clarification that responses for questions 11 and 12 could be hypothetical may have been beneficial for participants whose programs did not retain client artwork at the program level.

CHAPTER VI

RECOMMENDATIONS

Proposed Archival System

The proposed archival system for Herron's graduate art therapy program was developed through the use of Box at Indiana University (Box at IU). The following information about Box at IU was retrieved from Trustees at Indiana University (2014). Box at IU is a secure cloud storage service that provides unlimited storage and sharing of images, audio/video files, or other types of files. Content stored within Box at IU can be viewed and accessed with any device that contains a major web browser, including some mobile devices. Content can also be synced to a desktop and accessed offline. Box at IU is password-protected through the Central Authentication System at Indiana University. Files can be shared with multiple users by invitation of the creator. Administrative control can be placed over accessibility of the content through a range of permissions from view-only to editing and collaboration rights. Access to Box at IU is free to current students, faculty, and staff of Indiana University/IUPUI (Trustees at Indiana University, 2014).

Personal and institutional data can be stored on Box and IU. "According to Indiana University's Management of Institutional Data (DM-01) policy, the term "institutional data" applies to any information (in any form, location, or unit) that satisfies at least one of the following criteria: (1) It is created, received, maintained, or transmitted as a result of educational, clinical, research, or patient-care activities; (2) It is substantive, reliable, and relevant to the planning, managing, operating, documenting, staffing, or auditing of one or more major administrative functions of the university" (Trustees at Indiana University, 2014). Institutional data that is stored within Box at IU is classified at the following levels:

public, university-internal, restricted, and critical (see Figure 3). “Box is not appropriate for storing or sharing any sensitive institutional data elements classified as Critical, including electronic protected health information (ePHI) regulated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)” (Trustees at Indiana University, 2014).

Figure 3

Classification Levels of Institutional Data (Trustees at Indiana University, 2014)

Public: Few restrictions apply; public data generally can be released to the public upon request (e.g., name, jobs title, compensation, and business address)

University-internal: Anyone employed by IU on a part-time or full-time basis, or working under contract for IU, may access these data elements for the purpose of conducting university business (e.g., IU ID number, prior name, and part-time or full-time employment status)

Restricted: Due to legal, ethical, or other constraints, this information may not be accessed without specific authorization, or only selective access may be granted (e.g., date of birth, home phone number, marital status, and military status)

Critical: Inappropriate handling of this information may result in criminal or civil penalties, identity theft, personal financial loss, invasion of privacy, or unauthorized access by an individual or many individuals (e.g., student loan information, Social Security number, driver's license number, passport or Visa number, and state ID card number)

Client artwork within the archival system is considered institutional data because it will be utilized for the purposes of education and/or research (criteria 1). Client artwork will be classified at the restricted level because archival descriptions will include the client's age, gender, biopsychosocial history, diagnostic profile, and other personal information. The client's name and other identifying information (birthday, address, phone

number, etc.) will be omitted from the archival description to safeguard the client's identity. Such omissions will also exclude client artwork from critical classification and deem it appropriate to be stored on Box at IU. In order to adhere to AATA's ethical standards for retaining artwork, all client artwork will require an artwork release signed by the client prior to retention in the archive (see Appendix E for an example of a client artwork release). Client artwork releases would be considered critical institutional data because they will include client signatures; therefore, releases cannot be stored in Box at IU. Releases must be stored in a manner that adheres to the ethical codes for storing clinical documents, as defined by the state. Access to client artwork releases and the client artwork archive will be restricted to individuals affiliated with Herron Art Therapy by invitation only. Archival users will receive view-only privileges and will not be able to edit or share content within the archive.

The digital framework of the proposed archival system for Herron Art Therapy can be viewed in Figure 4, which contains three examples of how client artwork will be organized within the system. Level 0 will encompass the collection of client artwork in one master file on Box at IU. The collection file will be categorized by the following management group headings: Axes I, II, and III from *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR) (American Psychiatric Association, 2000); art therapy assessments; and graphic indicators. Level 2 will include groups within the management groups. Groups under the management group heading "Axis I" will include clinical disorders. Axis II will include personality disorders and mental retardation, while Axis III will include general medical conditions (APA, 2000). The "Assessments" management group heading will include groups of various art therapy

assessments, such as the Bird's Nest Drawing (BND). In the absence of a diagnosis, the client's artwork would be included under the management group heading entitled "Graphic Indicators." Graphic indicators will need to be determined through resources that reflect the theory of the program to create consistency within the archive.

Groups will be further divided into series at level three. Archival users will determine if they would like to view artwork made by children/adolescents or adults (level 3). The user will select a box note at level 4, which will include the client's artwork and the archival description that accompanies the artwork (see figure 5). Each box note will be titled with a reference code that replaces the name of the client. Reference codes will need to be developed through a standardized system that will not result in duplicate titles. Archival descriptions will include all available information regarding the client and the artwork.

There are several reasons why Box at IU is an appropriate storage system for Herron's client artwork archive. Box at IU is a free cloud storage system that provides unlimited storage, which maximizes its efficiency as a resource. Another important feature is that Box at IU can be accessed from multiple devices. Not only is this feature convenient for users, it also functions as a way to preserve the content of the archive. File sharing and collaboration features allow the archive to be accessed by multiple users within the art therapy program. Lastly, Box at IU is a secure system that allows for varying levels of administrative control. Administrative permissions can restrict access of the archive to appropriate users and further safeguard client information.

Recommendations for Implementation

It is anticipated that the proposed archival system will require 5 hours for initial development without client artwork (see Figure 3). The administrator will require approximately four hours to develop the identified levels of archival arrangement (digital file folders), establish privacy settings, and assign permissions to appropriate archival users. An additional hour is recommended to account for technical error, which makes the initial set-up a total of five hours. The administrator will require approximately five minutes to upload images of client artwork to Box at IU and an additional five minutes to type the archival descriptions for the client artwork; therefore, the administrator could upload and complete a minimum of five box notes per hour in the absence of technical complications. The amount of time required to complete the archive depends on the amount of items. For example, a client artwork archive with 400 items would require a total of 85 hours for completion: five hours for initial set-up and 80 hours for the completion of 400 box notes. An additional three to five hours of week would be required to upload new artwork to the archive, depending on how much artwork is being collected for retention.

It is recommended that the proposed archival system be implemented and maintained by one individual with art therapy credentials to ensure validity and consistency within the archive; however, a standardized user's manual could be developed to educate multiple administrators. The average salary for an art therapist in the United States is 40 thousand dollars per year (Art Therapist Salary, 2015). Therefore, 20 dollars per hour would be an appropriate pay rate for an individual with art therapy credentials to develop the archive. Required equipment for the proposed archival system includes a

computer with internet access, access to Box at IU, a digital scanner to upload two-dimensional artwork, and a camera with a memory card to upload three-dimensional artwork. Assuming the facility has access to a computer, internet, and Box at IU, an archive with 400 items (85 hours for completion) would require a total budget of \$2,000, which would include \$1,700 for labor and an additional \$300 for a scanner and camera.

Figure 4

Partial Example of the Proposed Digital Archival System for Herron Art Therapy

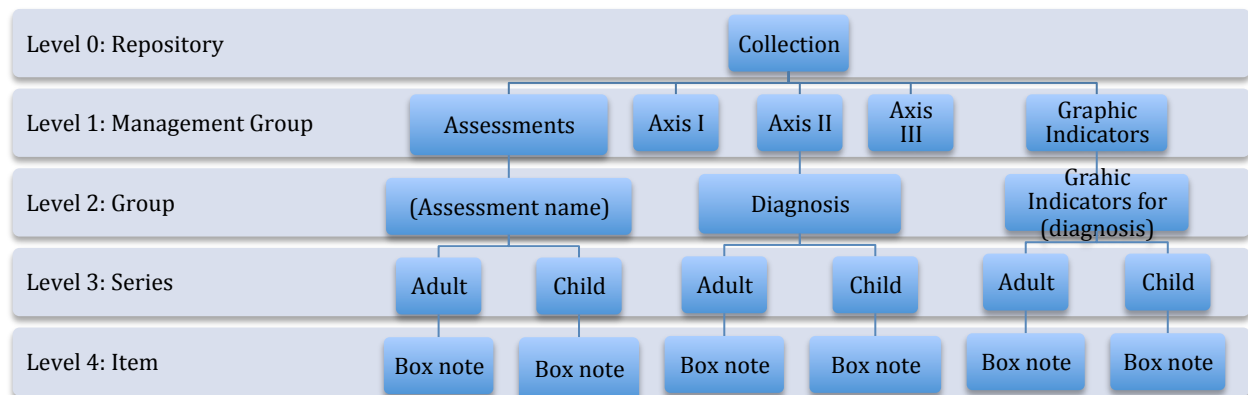
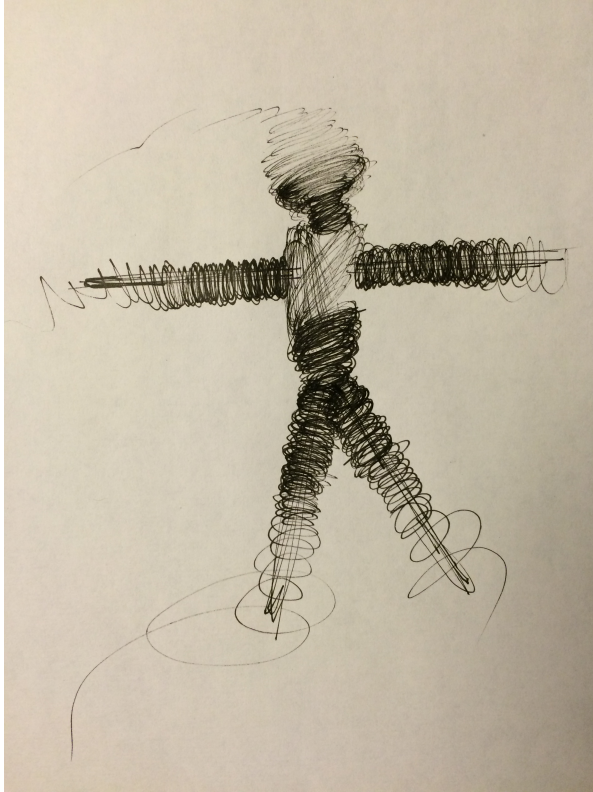


Figure 5

Example of Box Note at Level 4



Client: (Reference code)

Age: 25

Gender: Female

Ethnicity: Caucasian

Client history: Unavailable

Diagnostic Profile/Presenting problems: Client is diagnosed with Generalized Anxiety Disorder (GAD)

Title: "Unraveling"

Media: black ink

Size: 5" X 7"

Directive: *Create a piece of art to illustrate how you have felt in the past week.*

Client verbalizations: Client reported that she have been very anxious and could "unravel at any moment."

Additional comments: Drawing was completed in an individual art therapy session; drawing was completed in 15 minutes; client presented as anxious in the session

Implications for Future Research

Results from this study supported client artwork as an essential component in graduate art therapy education. Art therapy archives can provide a diverse resource for student learning, research, and the expansion of art therapy as a mental health profession. It is recommended that the proposed archival system in this study be implemented in Herron's graduate art therapy program. Once implemented, a follow-up survey from the Herron art therapy faculty will be necessary to assess the efficacy of the proposed art therapy archival system. The proposed archival system is intended to be generalizable to other graduate art therapy programs to establish new client artwork archives or enhance existing archival systems. Follow-up surveys from other graduate art therapy programs would determine the efficacy and generalizability of the proposed system. This data will be essential to the overall development of archival strategies that are unique to the art therapy profession.

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Appendix A
Recruitment Email

Dear (Participant),

My name is Kaycee, and I am a 2nd year art therapy graduate student at Herron School of Art & Design (IUPUI), under the direction of Juliet King, Program Director. I am currently conducting my graduate thesis research study, which aims to inform a system for archiving client artwork in graduate art therapy programs. Due to the limited amount of published information that addresses specific strategies for archiving artwork in art therapy, I have created a short survey (no more than 15 minutes) for art therapy program directors in order to examine how AATA approved graduate art therapy programs archive client artwork for educational purposes. It is my goal that data collected from the survey will highlight common and successful archival strategies and provide a reference for professionals in the field. Your participation in this study would be much appreciated. There are no foreseeable risks other than loss of confidentiality, however, participation in the study is voluntary, and responses to the survey will be recorded anonymously. I look forward to receiving your feedback. Please see the attached link for the survey.

Best,

Kaycee Wilson

Please follow or copy this link to your browser to complete the survey:

(Survey Link)

***By completing the survey, you are providing consent for your responses to be utilized in the study. This study is approved by the Institutional Review Board at Indiana University Purdue University of Indianapolis. For questions about the study, contact the researcher [Kaycee Wilson] at (812) 890-2522. For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Human Subjects Office at (317) 278-3458 [for Indianapolis], (812) 856-4242 [for Bloomington], or by email at irb@iu.edu.**

Appendix B

Print Version of Online Survey

Art Therapy Archival Strategy Survey

***1. What is your age?**

☐ 21-29

☐ 30-39

☐ 40-49

☐ 50-59

☐ 60 or older

***2. Are you male or female?**

☐ Male

☐ Female

***3. Are you White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific islander, or some other race?**

☐ White

☐ Black or African-American

☐ American Indian or Alaskan Native

☐ Asian

☐ Native Hawaiian or other Pacific Islander

☐ From multiple races

Some other race (please specify)

***4. What is the highest level of education you have completed?**

☐ Masters

☐ Doctorate

***5. What is your current registration?**

☐ ATR

☐ ATR-BC

Art Therapy Archival Strategy Survey

*6. Do faculty members within your program utilize client/case study artwork for educational purposes?

- ☐ Yes
☐ No

If yes, please specify how client artwork is utilized for educational purposes within your program. If no, please specify why client artwork is not utilized within your program and do not respond to questions 7-12.

7. What is the professional title of the individual(s) who oversee the storage and documentation of client artwork within the program?

8. What is the format of client artwork utilized within the program? (Check all that apply)

- ☐ Original artwork
☐ Digital images of the original artwork
☐ Scanned images of the original artwork
☐ Slides of the original artwork
☐ Other (please specify)

9. In your opinion, which of the following formats best represent original client artwork?

- ☐ Digital images of the original artwork
☐ Scanned images of the original artwork
☐ Slides of the original artwork
☐ Other (please specify)

Art Therapy Archival Strategy Survey

10. What is your preferred format when using client artwork for educational purposes?

(Check all that apply)

- ☐ Original artwork
- ☐ Digital images of client artwork
- ☐ Scanned images of client artwork
- ☐ Slides of client artwork
- ☐ Other (please specify)

11. Please indicate what essential information about the artwork should be included in its description. List your answers in order from most essential (1) to least essential (5).

1.
2.
3.
4.
5.

12. Please indicate what essential information about the client should be included in the description of the client's artwork. Please list your answers in order from most essential (1) to least essential (5).

1.
2.
3.
4.
5.

Appendix C

Reminder Email

Dear (Participant),

My name is Kaycee, and I am a 2nd year art therapy graduate student at Herron School of Art & Design (IUPUI), under the direction of Juliet King, Program Director. I am currently conducting my graduate thesis research study, which aims to inform a system for archiving client artwork in graduate art therapy programs. I recently sent you an email asking you to participate in the study by completing a short survey (no more than 15 minutes). The survey will examine how AATA approved graduate art therapy programs archive client artwork for educational purposes. It is my goal that data collected from the survey will highlight common and successful archival strategies and provide a reference for professionals in the field. There are no foreseeable risks other than loss of confidentiality, however, participation in the study is voluntary, and responses to the survey will be recorded anonymously. **If you have already completed your survey, I appreciate your participation. If you have not yet responded to the survey, I hope you will take a few minutes to complete it. The survey will close on Monday, February 23rd, 2015.**

Best,

Kaycee Wilson

Please follow or copy this link to your browser to complete the survey:

(Survey Link)

***By completing the survey, you are providing consent for your responses to be utilized in the study. This study is approved by the Institutional Review Board at Indiana University Purdue University of Indianapolis. For questions about the study, contact the researcher [Kaycee Wilson] at (812) 890-2522. For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Human Subjects Office at (317) 278-3458 [for Indianapolis], (812) 856-4242 [for Bloomington], or by email at irb@iu.edu.**

Appendix D
Survey Results

Table D1

Q1: What is your age?

Answer Choices	Responses
21-29	0.00% 0
30-39	0.00% 0
40-49	23.08% 3
50-59	38.46% 5
60 or older	38.46% 5
Total Respondents	13

Table D2

Q2: Are you male or female?

Answer Choices	Responses
Male	15.38% 2
Female	84.62% 11
Total Respondents	13

Table D3

Q3: Are you White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific islander, or some other race?

Answer Choices	Responses	
White	84.62%	11
From multiple races	15.38%	2
	Specified: Hispanic; Jewish	
Total Respondents		13

Table D4

Q4: What is the highest level of education you have completed?

Answer Choices	Responses	
Master's	46.15%	6
Doctorate	53.85%	7
Total Respondents		13

Table D5

Q5: What is your current registration?

Answer Choices	Responses	
ATR	0.00%	0
ATR-BC	100.00%	13
Total Respondents		13

Table D6

Q6: Do faculty members within your program utilize client/case study artwork for educational purposes? If yes, please specify how client artwork is utilized for educational purposes within your program. If no, please specify why client artwork is not utilized within your program and do not respond to questions 7-12.

Answer Choices	Responses
No	0.00% 0
Yes	100.00% 13
Total Respondents	13

Participant #	Responses 11
1	Within the context of Supervision and Professional Development, students share client artwork (only with informed consent) in class meetings, case studies, thesis work, and project undertakings. Students may also provide services with direct supervision from faculty (for example in special programs, research , or projects); this represents another way that client work may be used for educational purposes.
2	Students in practicum and internship present a case study of a client's work and include art work the client has done.
3	Some professors use videos and photographs of work that they have been given permission to share - they are the keepers of these records of artwork. It is NOT archived at a program level as the individual professors who present work are the main people who can speak to the context of the work. The clinician is also responsible for maintaining privacy and is the person who

	receives permission to waive this privacy - therefore liability of sharing images created in art therapy sessions rests with those individuals. I am not sure why or how a program would be able to have this type of archive unless clients specifically allowed for it.
4	For case presentations
5	Students bring case study material for supervision groups for practicum and internships which includes client art work. We do not store or keep the artwork. Students, if they have permission, may include artwork in case study papers or in final thesis.
6	Yes, usually in digital format Client artwork is used for teaching purposes particularly case conceptualization
7	Sometimes. Each class is different so not every one needs to show their own client work if they actually do show art work. Often art work from published literature is used for examples.
8	Students bring their client art work into the art therapy consultation course and they discuss the treatment plan, the treatment process and art interventions to achieve those goals. In this same course, students present the case material in the format of a formal case presentation where the art is presented in a powerpoint. The art is stored at the facility in which treatment is conducted. The student only removes it for the purposes of case consultation. The program does not store any client art work.
9	Differently by each instructor.
10	Artwork is used as both teaching aids and in examinations.
11	Used for case presentations; examples for art assessment; used across most classes at faculty member's

	discretion.
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Table D7

Q7: What is the professional title of the individual(s) who oversee the storage and documentation of client artwork within the program?

Participant #	Responses
1	Faculty (i.e. Associate Professor)
2	Specific name of an instructor. *This information was omitted by this writer to ensure confidentiality of the respondent
3	Full
4	Clinical Instructor
5	We do not do this
6	It is not held within the program, but kept by faculty who use the work.
7	Faculty
8	We do not store client's work because the work does not belong to (name of institution) but rather the individual instructors
9	We all oversee our own client artwork and storage. All are licensed creative art therapists (LCAT) with ATR-BC status
10	N/A
11	Seen as the responsibility of the instructor
12	Each professor has his/her own set of art examples/case studies
13	none

Table D8

Q8: What is the format of client artwork used within the program? (Check all that apply)

Answer Choices	Responses
Original artwork	53.85% 7
Digital images of the original artwork	92.31% 12
Scanned images of the original artwork	46.15% 6
Slides of the original artwork	46.15% 6
Other (please specify)	38.46% 5
Total Respondents	13

Other (please specify)	Responses
1	Some times the images are scanned; other times photographed. Original artwork is generally considered the property of the client/artist
2	video of work being made
3	re-creations
4	I am actually not sure weather it is original work or a replica of it.
5	all

Table D9

Q9: In your opinion, which of the following formats best represent original client artwork?

Answer Choices	Responses
Digital images of the original artwork	53.85% 7
Scanned images of the original artwork	23.08% 3
Slides of the original artwork	7.69% 1
Other (please specify)	61.54% 8
Total Respondents	13

Other (please specify)	Responses
1	Either digital images or CDs
2	It depends on the purpose of showing the work
3	The original artwork
4	It depends on the work. 3-d work can be hard to photograph and may be best shown from multiple angles and therefore cannot be scanned. Large works also cannot be scanned.
5	I think that "best represents" doesn't drive the format used, but rather, which format is most user friendly and that would clearly be digital images
6	Slides are the best quality- but they are rarely used now
7	No opinion
8	all

Table D10

Q10: What is your preferred format when using client artwork for educational purposes? (Check all that apply)

Answer Choices	Responses
Original artwork	46.15% 6
Digital images of the original artwork	84.62% 11
Scanned images of the original artwork	15.38% 2
Slides of the original artwork	7.69% 1
Other (please specify)	23.08% 3
Total Respondents	13

Other (please specify)	Responses
1	Depends on purposes of showing work
2	If you are referring to lectures, faculty most often use digital images in power points. Occasionally faculty may use original artwork, but these are examples from years ago that had not been photographed.
3	Depends on educational intention

Table D11

*Q11: Please indicate what essential information about the **artwork** should be included in its description. List your answers in order from most essential (1) to least essential (5).*

*Q12: Please indicate what essential information about the **client** should be included in the description of the client's artwork. Please list your answers in order from most essential (1) to least essential (5).*

Participant #	Essential Information Regarding Artwork	Essential Information Regarding Client
1	1. the informed consent that was provided (and on file) 2. artist statement(s) 3. context 4. directed/non-directed, etc. 5. title, size, material, etc.	1. setting 2. age of client 3. other demographic information 4. clinical information
2	1. date completed 2. title, or description of the art work by the artist 3. directives or other circumstances in which the art was made 4. media available 5. size of image	1. age 2. reasons why the client was participating in art therapy
3	1. first hand report from the therapist who was there	<i>Respondent skipped this question</i>
4	1. what the client says about the artwork 2. art making process	1. age 2. mood/affect 3. behaviors while making the art
5	N/A since we do not archive	N/A since we do not archive
6	1. materials 2. dimensions	at times it is better not to include info about the client. It is something to be discussed after the artwork is discussed

7	1. Developmental history 2. Cultural history 3. Family/marital history 4. =Occupational history =Educational history =Medical history =Trauma history =Substance abuse history =Criminal history =History of suicidal ideation 5. =Military history =Coping strategies/defense mechanisms employed =Social functioning =Previous treatments – success/failure ***Strengths/assets/supports that could contribute to meeting treatment goals and risks that could present challenges in meeting goals.	Same as question 11
8	1. The materials offered 2. The materials used 3. The order and format in which they were used 4. The process 5. My own experience vs. the client's experience of the piece	1. Age 2. Setting 3. Background 4. All the points in question 11 5. What happened before and after session of when the artwork was done
9	1. title 2. medium 3. size	1. genogramatic information 2. psychosocial history 3. contextualize assessments in terms of FEATS and other assessments
10	1. Directive 2. Client descriptions 3. Date	1. Age 2. Presenting problems 3. Diagnosis 4. Gender
11	Depends on educational intention	Depends on educational intention
12	1. Medium 2. Size 3. Time to create 4. Key elements in the artwork 5. Circumstances/context of making the piece	1. Age 2. Gender 3. Diagnostic profile 4. Situation in which piece was created 5. Outcome

13	<ol style="list-style-type: none">1. input from artist about the piece2. processing note re: content and expression3. context of creating artwork4. flow of creating artwork (what came first, etc.)5. medium- size of artwork	<ol style="list-style-type: none">1. client's relationship with art therapist and art therapy2. significant history3. client response to artwork4. age, sex, residence5. interpersonal/behavioral observations
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Appendix E

Informed Consent for Client Artwork

Facility: _____

I (participant)_____ give permission for the following productions created in art therapy sessions with (art therapist/art therapy intern)_____ to be used for the purposes of his/her graduate art therapy education. I understand that this consent may include possible references to my art and/or the process of art making in scientific publications and presentations pertaining to art therapy. I understand that this means he/she will be concealing my name in order to protect my privacy. I understand that the art therapy intern will not identify me by name or by any other characteristics that might violate my privacy in his/her presentations about my artwork or my personal health information. I understand that I have the right to remove this authorization at any time, in writing. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior authorization.

Please initial next to the selection below:

___I authorize my photographed art productions to be included in the Herron Art Therapy Art Archive to be utilized within the graduate art therapy program for educational purposes.

Signature of the Patient/Client/Student

Date

Signature of the Parent/Guardian (if participant is < 18)

Date

Signature of the Art Therapist/Intern

Date

Signature of the Administrative Contact

Date
